

**REQUIREMENTS FOR ISSUANCE OF SUBPOENA DUCES TECUM  
IN A CRIMINAL/TRAFFIC CASE**

1. Defendant's full name.
2. Circuit Court Case Number.
3. Request for the issuance of the Subpoena Duces Tecum:
  - A. The name and address of person/place with custody of the records.
  - B. What records are being subpoenaed.
  - C. The date the records are to be produced in the Clerk's Office.
  - D. THE RECORDS MUST BE MADE RETURNABLE TO THE CLERK'S OFFICE.**
4. A Sworn affidavit in support of the Subpoena Duces Tecum.
5. A Certificate of Service on opposing counsel.
6. \$5.00, For the Clerk's fee, if counsel is retained or if the part is representing themselves. Court appointed counsel and public defenders are not required to pay this fee.

The subpoena will be issued the next business day if the opposing counsel's notice was hand delivered. Notices that are mailed to opposing counsel are held for 24 hours and then issued.

When setting return dates, please allow 3 weeks for service. Subpoenas being served by a Sheriff other than Fairfax County are mailed to that Sheriff by our office.

Records received and then quashed by the court will be sealed.

Under rule 3A:12, a subpoena for attendance of a witness or for production of documents may not be issued by the Clerk's Office, if the person or entity being served resides or is located outside the Commonwealth of Virginia. The only exception is if the person requesting the subpoena or subpoena duces tecum files an affidavit with the request, stating that the part being served has agreed to accept service. Otherwise, the requesting party should follow the procedures for a Foreign Witness, as provided in Virginia Code Section §19.2-272, et seq.

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

REQUEST FOR WITNESS SUBPOENA

COMMONWEALTH OF VIRGINIA

VERSUS

\_\_\_\_\_

CASE #: \_\_\_\_\_

THE CLERK OF SAID COURT WILL PLEASE SUMMONS THE FOLLOWING  
WITNESS OR WITNESSES ON BEHALF OF THE DEFENDANT TO APPEAR ON THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ AT 10:00 A.M.

**WITNESS NAME**

**ADDRESS**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

ATTORNEY NAME: \_\_\_\_\_ PLEASE PRINT

TELEPHONE #: \_\_\_\_\_

ATTORNEY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_